

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 425
Registrar's No. 72

1. Place of Death: (a) County Pinal (b) City or Town Florence (c) Location _____
(If outside city limits also write RURAL)

(d) Length of Stay: In Hospital or Institution _____; In Community 50 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Pinal (c) City or Town Florence
(If outside city limits also write RURAL)

(d) Street No. _____ (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Martin Argel (b) If Veteran name war None (c) Social Security No. ?

4. Sex Male 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Maria De Argel 6. (c) Age of husband or wife, if alive 60 yrs.

7. Birthdate of deceased Nov. 8, 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months _____ Days _____ If less than one day: hrs. _____ min. _____

9. Birthplace Tucson, Ariz.
(City, town or county) (State or Country)

10. Usual Occupation Rancher

11. Industry or Business _____

Father { 12. Name Juan Argel
13. Birthplace Mex.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Magdalena Perlata
15. Birthplace Mex.
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Martin Argel
(b) Address Florence, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Florence Cemetery (c) Date Sept. 29, 1945

18. (a) Embalmer's Signature Alton H. Cole
(b) Funeral Director Cole & Maud Mortuary
(c) Address Florence, Ariz.

19. (a) Nov 5-1945
(Date received Local Registrar)
(b) D. O. Martin
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) Sept. 26, 1945
TIME (Hour and minute) 2:30 AM

21. I hereby certify that I attended the deceased from 8-7-45 to 9-26-45
that I last saw him alive on 9-25-45, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Nephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within three months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____

While at work _____ (e) Means of injury _____

23. Signature F. B. Stewart M.D. M. D.
Address _____ Date signed 10-11-45